

**Community Child Care Council
(4Cs) of Alameda County**

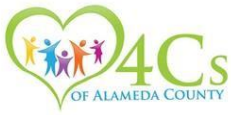
Self- Employment Income Statement

Parents Name:	
Month of Payment:	Type of Business:
Tips Received:	Total Hours Worked:
Monthly Income: \$	Monthly Business Expenses: \$
Deduct Countable Business Expenses from Monthly income	\$ _____ Minus _____ = \$

This form is used to determine your monthly income. Please list your client information in the space below.

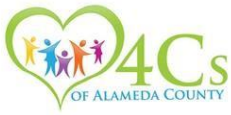
Please submit any cash or check deposits of your income. All business expenses must have a receipt of payment. All income statements are due the 3rd of each month.

Date Worked	Clients Name	Clients Address & Phone Number	Start and Stop time of Job	Amount paid by Client
			____ am/pm to ____ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____
			____ am/pm to ____ am/pm	Cash <input type="checkbox"/> Check <input type="checkbox"/> \$ _____
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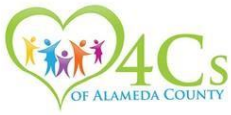
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Please list all business expenses for the month you are reporting. Please attach all receipt

Date	Type of Expense	Qty	Cost \$	
			Total Business Expenses	\$ _____

**YOU ARE REQUIRED TO TURN IN CASH RECIEPTS IF PAID IN
CASH OR DEPOSIT SLIPS IF PAID BY PERSONAL CHECK**